POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	_MM_	_20916_	_3/28_
O.I.P.E. CLASSIFIER		_16_	_32700_
FORMALITY REVIEW	_DMK_	_69/69_	_5/13/00_
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected	N	.... Non-elected
=	.... Allowed	I	.... Interference
–	(Through numeral)... Canceled	A	.... Appeal
÷	.... Restricted	O	.... Objected

Claim		Date 1/31/03 ... 8/2/03
Final	Original	
1	1	✔ =
2	2	✔
3	3	✔
4	(4)	✔
5	5	✔
6	6	✔
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Claim		Date
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Claim		Date
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If more than 150 claims or 10 actions
staple additional sheet here

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